

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Statement covers period
from 01/01/2012
through 03/17/2012

Date of election if applicable:
(Month, Day, Year)
06/05/2012

Page 1 of 128

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input checked="" type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5.)
<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primary Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6.)
<input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |
|--|---|

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
|--|--|

3. Committee Information

I.D. NUMBER
1331635

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Torie Osborn, Assembly 2012

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90048</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90048</u>	<u>(323) 655-4065</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/22/2012 By Jane Leiderman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/22/2012 By Torie Osborn
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 128

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Torie Osborn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: State Assembly Person

Assembly District

50

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Santa Monica

CA

90405

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2012 through 03/17/2012	CALIFORNIA FORM 460 Page 3 of 128 I.D. NUMBER 1331635
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$102,847.00	\$102,847.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$102,847.00	\$112,847.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$3,400.00	\$3,400.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$106,247.00	\$116,247.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$117,149.72	\$117,149.72
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$117,149.72	\$117,149.72
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$10,591.94)	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$3,400.00	\$3,400.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$109,957.78	\$120,549.72

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$443,441.57
13. Cash Receipts	Column A, Line 3 above	\$102,847.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$311.41
15. Cash Payments	Column A, Line 8 above	\$117,149.72
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$429,450.26

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$10,000.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 4 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Aileen Adams Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of LA Deputy Mayor	\$250.00	\$250.00	2012P: \$1,950.00
3/7/2012	Jane G. Adriance Princeton, NJ 08540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane G. Adriance Psychotherapist	\$100.00	\$100.00	2012P: \$100.00
3/1/2012	David Aghaei West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USC Real Estate & Asset Manager	\$250.00	\$250.00	2012P: \$250.00
3/12/2012	Claudine Ajeti Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
1/20/2012	Elizabeth J. Alter Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elizabeth J. Alter Community Activist	\$1,000.00	\$1,000.00	2012P: \$1,000.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$98,230.00
2. Amount received this period - unitemized contributions of less than \$100	\$4,617.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$102,847.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Susan Aminoff Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$250.00	2012P: \$349.00
2/19/2012	Susan Aminoff Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$150.00	\$250.00	2012P: \$349.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/13/2012	Aris Anagnos Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aris Anagnos Real Estate Developer	\$500.00	\$500.00	2012P: \$500.00
3/12/2012	Kate Anderson Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	House of Rep. Staffer	\$100.00	\$100.00	2012P: \$120.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 6 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/13/2012	Peter A. Anton Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA School of Medicine Doctor	\$250.00	\$400.00	2012P: \$500.00
3/17/2012	Peter A. Anton Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA School of Medicine Doctor	\$150.00	\$400.00	2012P: \$500.00
3/17/2012	Marcia Antopol Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fineshriber Family Foundation Executive Director	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2012	Alice E. Armitage Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Watchme 911 Inc. CEO	\$200.00	\$200.00	2012P: \$1,400.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number

1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/19/2012	Abby H. Arnold Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abby H. Arnold Grant Writer	\$100.00	\$100.00	2012P: \$893.29
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	William J. Aronson Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William J. Aronson Physician	\$100.00	\$100.00	2012P: \$100.00
3/1/2012	Daniel Attias Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HBO TV Director	\$500.00	\$1,900.00	2012P: \$2,900.00
3/5/2012	Daniel Attias Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HBO TV Director	\$1,400.00	\$1,900.00	2012P: \$2,900.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Jan Aura Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jan Aura Clinical Psychologist	\$100.00	\$100.00	2012P: \$250.00
2/7/2012	Peter Baldwin Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Professor	\$200.00	\$1,000.00	2012P: \$3,900.00 2012G: \$200.00
2/7/2012	Peter Baldwin Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Professor	\$800.00	\$1,000.00	2012P: \$3,900.00 2012G: \$200.00
3/11/2012	Melissa Richardson Banks Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Melissa Richardson Banks Marketing Consultant	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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3/17/2012	Patricia Bellasalma Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Canon President	\$100.00	\$200.00	2012P: \$200.00
3/11/2012	Patricia Bellasalma Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Canon President	\$100.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/16/2012	Leslie C. Belzberg Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EM Players Filmmaker	\$250.00	\$250.00	2012P: \$250.00
2/2/2012	Bennett & Erdman Los Angeles, CA 90036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2012P: \$3,350.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 10 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2012	Bennett & Erdman Los Angeles, CA 90036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$2,000.00	2012P: \$3,350.00
2/26/2012	Laura Berland-Shane Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Siemens Business Development Manager	\$250.00	\$250.00	2012P: \$250.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Joanne Berlin Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/14/2012	Alan J. Bernstein West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harper Management Property Management	\$100.00	\$100.00	2012P: \$1,100.00
1/16/2012	Celia Bernstein Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westside Family Health Center Developer	\$100.00	\$300.00	2012P: \$1,300.00
2/14/2012	Celia Bernstein Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westside Family Health Center Developer	\$100.00	\$300.00	2012P: \$1,300.00
3/15/2012	Celia Bernstein Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westside Family Health Center Developer	\$100.00	\$300.00	2012P: \$1,300.00
3/1/2012	Carla Bilden Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USC Pharmacist	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 12 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Antoinette Bill Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antoinette Bill Social Worker	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2012	Mary L. Blissit Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary L. Blissit Consultant	\$500.00	\$500.00	2012P: \$1,000.00
1/18/2012	James E. Boline Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Luthern Church SM Priest	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Gary Booher Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Camino College Community College Instructor	\$100.00	\$100.00	2012P: \$100.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2012	Leni Boorstin Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Philharmonic Assn. Arts Manager	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/16/2012	Jerilyn Borack Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Superior Court Judge	\$100.00	\$100.00	2012P: \$100.00
1/11/2012	Ivy Bottini West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$150.00	2012P: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2012	Ivy Bottini West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$150.00	2012P: \$200.00
2/24/2012	Ivy Bottini West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$150.00	2012P: \$200.00
3/17/2012	Richard J. Boxer Miami, FL 33133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TelaDoe Physician	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Lisa Boyle Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plastic Pollution Coalition Attorney	\$250.00	\$250.00	2012P: \$500.00
3/17/2012	Robin Brand Washington, DC 20001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Victory Fund Director	\$250.00	\$250.00	2012P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/7/2012	Suchi S. Branfman Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suchi S. Branfman Choreographer	\$100.00	\$100.00	2012P: \$100.00
2/2/2012	Janis Breidenbach Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of Southern CA Associate Professor	\$200.00	\$200.00	2012P: \$450.00
3/12/2012	Sandra Brim Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CNA Director	\$250.00	\$250.00	2012P: \$250.00
3/4/2012	Linda Briskman Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2012P: \$850.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Julia Brownley For Assembly 2010 Covina, CA 91722 Committee ID: 1313506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$2,000.00
1/11/2012	Marianne P. Brown Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Professor	\$75.00	\$225.00	2012P: \$225.00
2/14/2012	Marianne P. Brown Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Professor	\$75.00	\$225.00	2012P: \$225.00
3/5/2012	Marianne P. Brown Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Professor	\$75.00	\$225.00	2012P: \$225.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/1/2012	Sue Buckner West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA County Attorney	\$250.00	\$250.00	2012P: \$250.00
3/11/2012	Elise Buik Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Way of Greater LA CEO	\$100.00	\$100.00	2012P: \$450.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/14/2012	Marcia Burnam Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$1,000.00	\$1,000.00	2012P: \$3,900.00 2012G: \$1,000.00
2/26/2012	Velma Butler Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AFT College Staff Guild 1521 President	\$250.00	\$250.00	2012P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/6/2012	David Card Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Card Designer	\$1,075.00	\$1,075.00	2012P: \$1,175.00
2/12/2012	Heather Carmichael Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	My Friend's Place Social Work	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2012	Cimberly B. Castellon Calabasas Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cimberly B. Castellon Consultant	\$200.00	\$200.00	2012P: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Jacqueline Caster Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Homemaker	\$100.00	\$100.00	2012P: \$100.00
3/12/2012	Lee Chemel Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lee Chemel TV Film Producer	\$200.00	\$200.00	2012P: \$850.00
3/12/2012	Debbie Ching Los Angeles, CA 90056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Debbie Ching Consultant	\$200.00	\$200.00	2012P: \$400.00
3/11/2012	Innie Choi Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2012P: \$250.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
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3/1/2012	Joseph M. Clapsaddle West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harnburg Jagvar Sales	\$100.00	\$100.00	2012P: \$100.00
1/2/2012	Jan Cloyde Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$350.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/8/2012	Jean F. Cohen Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$200.00
3/12/2012	Suzanne Cohen Baltimore, MD 21210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Community Volunteer	\$500.00	\$500.00	2012P: \$1,000.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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3/1/2012	Lindsay A. Conner Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manatt Phelps & Phillips Attorney	\$100.00	\$100.00	2012P: \$100.00
3/7/2012	James P. Conn Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$200.00	\$200.00	2012P: \$300.00
3/8/2012	Roberta Conroy Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$1,000.00	\$1,000.00	2012P: \$2,562.50
3/7/2012	Alice W. Cortrite Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$200.00	\$200.00	2012P: \$200.00
3/17/2012	Lauri Crane Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Premiere Oncology RN	\$500.00	\$500.00	2012P: \$2,250.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460 Page <u>22</u> of <u>128</u>
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NAME OF FILER

Torie Osborn, Assembly 2012

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2/26/2012	Samuel Culbert Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Profesor	\$250.00	\$250.00	2012P: \$250.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/18/2012	Susanna Dakin Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susana Dakin Artist	\$300.00	\$900.00	2012P: \$2,700.00
2/14/2012	Susanna Dakin Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susana Dakin Artist	\$300.00	\$900.00	2012P: \$2,700.00
3/15/2012	Susanna Dakin Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susana Dakin Artist	\$300.00	\$900.00	2012P: \$2,700.00
SUBTOTAL						

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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 23 of 128
		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Gerard F. Daley Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Nurses Assn. Union Rep.	\$100.00	\$100.00	2012P: \$100.00
3/7/2012	Stacy Dagleish Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stacy Dagleish Businessperson	\$50.00	\$275.00	2012P: \$775.00
3/8/2012	Stacy Dagleish Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stacy Dagleish Businessperson	\$75.00	\$275.00	2012P: \$775.00
3/11/2012	Stacy Dagleish Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stacy Dagleish Businessperson	\$50.00	\$275.00	2012P: \$775.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 24 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/12/2012	Stacy Dagleish Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stacy Dagleish Businessperson	\$100.00	\$275.00	2012P: \$775.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Paula A. Daniels Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of LA Commissioner	\$500.00	\$500.00	2012P: \$2,288.79
2/26/2012	Shari Davis Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Volunteer	\$250.00	\$250.00	2012P: \$349.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Michael P. Deasy Burbank, CA 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deasy Penner Realtor	\$150.00	\$150.00	2012P: \$150.00
3/11/2012	Linda Delp Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Public Health	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Daphne C. Dennis Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Hollywood Administrator	\$1,000.00	\$1,000.00	2012P: \$2,000.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Judy Dlugacz San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Olivia Companies LLC Executive	\$1,000.00	\$1,000.00	2012P: \$1,000.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/7/2012	Alex Dorsey Glendale, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alex Dorsey Consultant	\$200.00	\$200.00	2012P: \$200.00
1/16/2012	Rebecca Doten Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Alarcon Chief of Staff	\$50.00	\$150.00	2012P: \$437.00
2/14/2012	Rebecca Doten Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Alarcon Chief of Staff	\$50.00	\$150.00	2012P: \$437.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number

1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2012	Rebecca Doten Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Alarcon Chief of Staff	\$50.00	\$150.00	2012P: \$437.00
2/12/2012	Peter Dreier Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occidental College Professor	\$100.00	\$100.00	2012P: \$300.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Cathy Dreyfuss Santa Clara, CA 95053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara University Attorney	\$250.00	\$250.00	2012P: \$250.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 28 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/7/2012	Drive Committee Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2012P: \$2,500.00
3/12/2012	Carolyn A. Dye Los Angeles, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Carolyn A. Dye Attorney	\$200.00	\$200.00	2012P: \$200.00
3/12/2012	Mary Lou Echternach Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LACMTA Gov't Relations	\$200.00	\$200.00	2012P: \$450.00
2/19/2012	Susan Emerling Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Emerling Writer	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/4/2012	Donatas Empakeris Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DE Architects Architect	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2012	Deborah English Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deborah English Designer	\$100.00	\$300.00	2012P: \$400.00
2/14/2012	Deborah English Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deborah English Designer	\$100.00	\$300.00	2012P: \$400.00
3/15/2012	Deborah English Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deborah English Designer	\$100.00	\$300.00	2012P: \$400.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 30 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/2/2012	Eve Ensler New York, NY 10003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eve Ensler Actress	\$100.00	\$100.00	2012P: \$1,600.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/19/2012	Frank Escher Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Escher GuneWardena Architecture Architect	\$200.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Sandy Escobedo Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alliance for a Better Community Policy Director	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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		I.D. Number 1331635

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NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Cameron H. Faber W. Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	L.A. Gay & Lesbian Center Attorney	\$250.00	\$250.00	2012P: \$350.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/11/2012	Julie Fenton Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FTA Events Event Planner	\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/17/2012	Constance R. Forrest Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Constance R. Forrest Clinical Psychologist	\$150.00	\$150.00	2012P: \$150.00
3/16/2012	Karin Forseke Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$500.00	\$500.00	2012P: \$700.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2012	Alfred Fraijo Los Angeles, CA 90023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheppard Mullin Richter & Hampton LLP Attorney	\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/1/2012	Harley Frankel Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Partners Education	\$500.00	\$500.00	2012P: \$700.00
3/12/2012	Laurence Frank Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Los Angeles City Employee	\$500.00	\$500.00	2012P: \$1,500.00
1/16/2012	Brenda Freiberg Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$150.00	\$450.00	2012P: \$1,700.00
2/14/2012	Brenda Freiberg Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$150.00	\$450.00	2012P: \$1,700.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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3/15/2012	Brenda Freiberg Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$150.00	\$450.00	2012P: \$1,700.00
1/2/2012	Mark Freund Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$100.00	\$100.00	2012P: \$1,100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Jodi L. Friedman Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Physician	\$200.00	\$200.00	2012P: \$200.00
3/17/2012	Liesel C. Friedrich Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$200.00	\$200.00	2012P: \$379.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/10/2012	Jonathan S. Fuhrman Pasadena, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$150.00	\$150.00	2012P: \$150.00
2/19/2012	Dan Genetti Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PostEd Producer	\$200.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Patricia Giggans Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Over Violence Non-Profit Executive	\$250.00	\$250.00	2012P: \$500.00
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 35 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/19/2012	Larry Ginsberg Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harris Ginsberg LLP Attorney	\$200.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2012	Wendy Gladwin Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wendy Gladwin Bookkeeper	\$100.00	\$150.00	2012P: \$150.00
3/11/2012	Wendy Gladwin Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wendy Gladwin Bookkeeper	\$50.00	\$150.00	2012P: \$150.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 36 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/2012	Jackie Goldberg Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Faculty Advisor	\$150.00	\$150.00	2012P: \$350.00
3/11/2012	Lyn Goldfarb Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lyn Goldfarb Filmmaker	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/12/2012	Fredric Goldstein Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Museum Associates Vice President	\$500.00	\$500.00	2012P: \$500.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>37</u> of <u>128</u>		
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/2012	Channa Grace Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WORKS Clerk	\$100.00	\$200.00	2012P: \$200.00
3/8/2012	Channa Grace Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WORKS Clerk	\$100.00	\$200.00	2012P: \$200.00
3/16/2012	Barry Greenfield Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MJJ Corp. Manager	\$100.00	\$100.00	2012P: \$300.00
3/17/2012	Kirsten J. Grimstad Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antiochi University Educator	\$250.00	\$250.00	2012P: \$500.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/14/2012	Susan Grode Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katten Muchin Rosenman LLP Attorney	\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/17/2012	Lissa L. Guntzelman Chatsworth, CA 91311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lissa L. Guntzelman Playwright	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/21/2012	Veronica Gutierrez Los Angeles, CA 90031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern CA Edison Vice President	\$100.00	\$100.00	2012P: \$100.00
3/8/2012	Herbert W. Hain Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2012	Jon Hall Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vamcwla IT Admin	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2012	Marcia Hanscom Playa Del Rey, CA 90293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcia Hanscom Community Organizer	\$50.00	\$125.00	2012P: \$125.00
3/17/2012	Marcia Hanscom Playa Del Rey, CA 90293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcia Hanscom Community Organizer	\$75.00	\$125.00	2012P: \$125.00
3/17/2012	Ann G. Harmsen Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ann Harmsen Art Consultant	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2012	Karen Harris Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen Harris Writer	\$200.00	\$200.00	2012P: \$200.00
3/8/2012	Susan B. Haskell Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan B. Haskell Consultant	\$250.00	\$250.00	2012P: \$450.00
3/17/2012	Melanie Havelin New York, NY 10027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John M. Lloyd Foundation Executive Director	\$100.00	\$100.00	2012P: \$500.00
3/12/2012	Tom Hayden Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tom Hayden Author	\$100.00	\$100.00	2012P: \$350.00
1/16/2012	Jack Haynie West Hollywood, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accenture Consultant	\$100.00	\$300.00	2012P: \$400.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460 Page <u>41</u> of <u>128</u> I.D. Number 1331635
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/14/2012	Jack Haynie West Hollywood, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accenture Consultant	\$100.00	\$300.00	2012P: \$400.00
3/15/2012	Jack Haynie West Hollywood, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accenture Consultant	\$100.00	\$300.00	2012P: \$400.00
3/17/2012	Sharon Hays Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coldwell Banker Realtor	\$100.00	\$100.00	2012P: \$100.00
3/12/2012	Diane H. Henry Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Orange County Comm. College Dist Educational Administrator	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Lisa Henson Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jim Henson Company Producer	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	R. Christine Hershey Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hershey Cause President	\$200.00	\$200.00	2012P: \$200.00
3/4/2012	Karriann F. Hinds Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Homemaker	\$500.00	\$500.00	2012P: \$1,450.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/7/2012	Patricia Hoffman Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$100.00	2012P: \$300.00
3/12/2012	Patricia Hoffman Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$100.00	2012P: \$300.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460 Page <u>43</u> of <u>128</u> I.D. Number 1331635
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

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3/8/2012	Emily Hogin Washington, DC 20036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US Dept. of Health & Human Srvs. Program Analyst	\$1,000.00	\$1,000.00	2012P: \$1,025.00
2/7/2012	Honor PAC Santa Monica, CA 90401 Committee ID: 1278587	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$1,500.00
3/15/2012	Lindsey P. Horvath West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cold Open Advertising	\$250.00	\$265.00	2012P: \$1,360.64
3/17/2012	Lindsey P. Horvath West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cold Open Advertising	\$15.00	\$265.00	2012P: \$1,360.64
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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Torie Osborn, Assembly 2012

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3/15/2012	Fortuna Ippoliti Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fortuna Ipooliti Consultant	\$500.00	\$1,000.00	2012P: \$1,000.00
3/17/2012	Fortuna Ippoliti Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fortuna Ipooliti Consultant	\$500.00	\$1,000.00	2012P: \$1,000.00
3/17/2012	Ellen Isaacs Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA State Assembly Field Rep	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2012	Susan Jack Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Los Angeles Mayoral Aide	\$40.00	\$120.00	2012P: \$330.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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2/14/2012	Susan Jack Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Los Angeles Mayoral Aide	\$40.00	\$120.00	2012P: \$330.00
3/15/2012	Susan Jack Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Los Angeles Mayoral Aide	\$40.00	\$120.00	2012P: \$330.00
1/16/2012	Richard Jacobs Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard D. Jacobs Associates President	\$250.00	\$250.00	2012P: \$3,500.00
3/17/2012	Leigh C. Jacoby Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Sanford Jacoby Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Teacher	\$100.00	\$280.00	2012P: \$680.00
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 46 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/22/2012	Sanford Jacoby Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Teacher	\$180.00	\$280.00	2012P: \$680.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/10/2012	Madeline Janis Los Angeles, CA 90021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Alliance for A New Economy Non-Profit Director	\$100.00	\$100.00	2012P: \$100.00
2/5/2012	Frances E. Jemmott Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frances E. Jemmott Consultant	\$100.00	\$200.00	2012P: \$440.00
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>47</u> of <u>128</u>		
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Frances E. Jemmott Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frances E. Jemmott Consultant	\$100.00	\$200.00	2012P: \$440.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Sarah Jensen Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jensen Partners Architect	\$100.00	\$100.00	2012P: \$100.00
3/12/2012	Sarah M. Jensen Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jensen Partners President	\$250.00	\$250.00	2012P: \$750.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460 Page <u>48</u> of <u>128</u> I.D. Number 1331635
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/2012	David M. Johnson Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Nurses Associations Union Organizer	\$100.00	\$100.00	2012P: \$100.00
3/8/2012	Jay Johnson Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$125.00
3/17/2012	Constance Jolcuvar Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Hub Producer	\$600.00	\$600.00	2012P: \$600.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Linda C. Joplin Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$25.00	\$275.00	2012P: \$475.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>49</u> of <u>128</u>		
I.D. Number 1331635		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/5/2012	Linda C. Joplin Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$25.00	\$275.00	2012P: \$475.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2012	Linda C. Joplin Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$200.00	\$275.00	2012P: \$475.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/2/2012	Linda C. Joplin Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$25.00	\$275.00	2012P: \$475.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/12/2012	Brooke Kanter Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brooke Kanter Art Consultant	\$200.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/13/2012	Jonathan Katz Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cinnabar Executive Producer	\$250.00	\$250.00	2012P: \$750.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Elizabeth Keenan Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coldwell Banker Real Estate	\$100.00	\$100.00	2012P: \$100.00
3/7/2012	Sue Keintz Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Corporation of SM Non-Profit Mgmt	\$100.00	\$100.00	2012P: \$115.00
3/17/2012	Agnes A. Kessler Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agnes Kessler Consultant	\$250.00	\$250.00	2012P: \$250.00
2/20/2012	Katharine King Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katharine King Concert Producer	\$250.00	\$350.00	2012P: \$1,350.00
3/15/2012	Katharine King Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katharine King Concert Producer	\$100.00	\$350.00	2012P: \$1,350.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page <u>52</u> of <u>128</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Deborah A. Klar Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Klar & Associates Attorney	\$250.00	\$250.00	2012P: \$250.00
3/17/2012	Renee R. Klein Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Jay M. Kohorn Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Appellate Project Attorney	\$200.00	\$200.00	2012P: \$400.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2012	Delores Komar Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$1,000.00	\$1,000.00	2012P: \$2,750.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 53 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/4/2012	Gerald F. Kominski Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA School of Public Health Professor	\$100.00	\$100.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Laurie Kominski Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Weight Watchers Int'l Receptionist	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2012	Karen S. Kramer Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen Kramer Actress	\$500.00	\$500.00	2012P: \$500.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
		Page <u>54</u> of <u>128</u>
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Robin M. Kramer Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annnenberg Rretreat @ Sunny Lands Sr. Staff	\$250.00	\$250.00	2012P: \$450.00
3/15/2012	Priscilla Kromnick Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Priscilla Kromnick Artist	\$100.00	\$100.00	2012P: \$100.00
3/7/2012	Sheila J. Kuehl Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheila J. Kuehl Consultant	\$100.00	\$2,235.00	2012P: \$3,900.00 2012G: \$185.00
3/12/2012	Sheila J. Kuehl Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheila J. Kuehl Consultant	\$1,000.00	\$2,235.00	2012P: \$3,900.00 2012G: \$185.00
3/15/2012	Sheila J. Kuehl Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheila J. Kuehl Consultant	\$185.00	\$2,235.00	2012P: \$3,900.00 2012G: \$185.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2012	Sheila J. Kuehl Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheila J. Kuehl Consultant	\$815.00	\$2,235.00	2012P: \$3,900.00 2012G: \$185.00
3/15/2012	Sheila J. Kuehl Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheila J. Kuehl Consultant	\$35.00	\$2,235.00	2012P: \$3,900.00 2012G: \$185.00
3/16/2012	Sheila J. Kuehl Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheila J. Kuehl Consultant	\$100.00	\$2,235.00	2012P: \$3,900.00 2012G: \$185.00
3/15/2012	Dan Kuperberg Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA County Public Defender's Office Attorney	\$100.00	\$100.00	2012P: \$100.00
3/8/2012	Leslie C. Lambert Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2012P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>56</u> of <u>128</u>		
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/2012	Anita Landecker Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ExED Education Executive	\$100.00	\$100.00	2012P: \$100.00
1/15/2012	Eugene Lapietra Los Angeles, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Book City News Inc. Businessperson	\$2,000.00	\$2,000.00	2012P: \$2,000.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Sara Latz Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sara Latz Physician	\$250.00	\$250.00	2012P: \$350.00
3/12/2012	Ellen G. Ledley Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ellen G. Ledley Clinical Social Worker	\$100.00	\$100.00	2012P: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
		Page <u>57</u> of <u>128</u>
		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Carol Lemlen Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Susan Leonard Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PriceWaterHouseCoopers CPA	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Michael Levin Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levtex Textile Designer	\$500.00	\$500.00	2012P: \$1,500.00
3/17/2012	Philip Levin Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Medical Center Physician	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>58</u> of <u>128</u>		
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Lewis Jane E A Psychological Corp. Hermosa Beach, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2012P: \$150.00
3/7/2012	Nancy B. Lewis Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Lewis Associates Inc. Consultant	\$100.00	\$100.00	2012P: \$100.00
3/4/2012	Harley Liker Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Liker Consulting Physician	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>59</u> of <u>128</u>		
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Joan Ling Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Lecturer	\$100.00	\$100.00	2012P: \$300.00
3/4/2012	Crystal Litz West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cerrell Associates Vice President	\$100.00	\$200.00	2012P: \$400.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Crystal Litz West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cerrell Associates Vice President	\$100.00	\$200.00	2012P: \$400.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 60 of 128

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2012	Linda Long Tustin, CA 92781	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/10/2012	Mark Louchheim Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bobrick Washroom Entertainment Management	\$1,000.00	\$1,000.00	2012P: \$1,250.00
3/4/2012	Paula Lumbard Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Footage Bank HD Business Owner	\$200.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460 Page <u>61</u> of <u>128</u> I.D. Number 1331635
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/5/2012	Wendie D. Malick Van Nuys, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wendie D. Malick Actor	\$500.00	\$500.00	2012P: \$600.00
2/12/2012	Michael Maloney Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Maloney Art Dealer	\$250.00	\$250.00	2012P: \$250.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Rose Maly Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Researcher	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number

1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/7/2012	Jerry Manpearl Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jerry Manpearl Attorney	\$300.00	\$950.00	2012P: \$1,301.00
1/11/2012	John Marin Jr. Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Marketing Co. Wine Sales	\$225.00	\$225.00	2012P: \$225.00
3/16/2012	Mary L. Marlow Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2012P: \$250.00
2/26/2012	Deborah Marrow Santa Monica, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deborah Marrow Art Historian	\$500.00	\$500.00	2012P: \$500.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>63</u> of <u>128</u>		
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2012	Amarjit S. Marwah Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2012P: \$250.00
1/2/2012	Julia Meltzer Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Julia Meltzer Filmmaker	\$100.00	\$100.00	2012P: \$3,520.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/8/2012	Diane M. Meyer Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Info	\$150.00	\$150.00	2012P: \$150.00
3/17/2012	Miriam Meyer Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 64 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Dori E. Miles Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$25.00	\$225.00	2012P: \$425.00
3/11/2012	Dori E. Miles Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$200.00	\$225.00	2012P: \$425.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2012	Julie Milligan Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Julie Milligan Attorney	\$150.00	\$150.00	2012P: \$350.00
2/19/2012	Samantha Millman Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Millco Investments Real Estate	\$500.00	\$1,000.00	2012P: \$1,000.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/12/2012	Samantha Millman Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Millco Investments Real Estate	\$500.00	\$1,000.00	2012P: \$1,000.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Susan Millman Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legal Aid Foundation of LA Attorney	\$250.00	\$250.00	2012P: \$350.00
3/7/2012	Margaret S. Mills Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 66 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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2/12/2012	Susan Misra Philadelphia, PA 19103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TCC Group Consultant	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Christine Mitges Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christine Mitges Voice Over Artist	\$250.00	\$250.00	2012P: \$250.00
3/11/2012	Debra Moore Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cerritos College Librarian	\$200.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 67 of 128

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NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
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2/12/2012	Charles Mostov Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Mostov Attorney	\$350.00	\$350.00	2012P: \$350.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2012	Susan W. Mullins Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan W. Mullins Mediator	\$100.00	\$100.00	2012P: \$100.00
3/7/2012	Anne D. Murphy Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TSA Haven Community Developer	\$100.00	\$200.00	2012P: \$200.00
3/12/2012	Anne D. Murphy Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TSA Haven Community Developer	\$100.00	\$200.00	2012P: \$200.00

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 68 of 128
		I.D. Number 1331635

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Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Debra Nakatomi Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nakatomi & Associates Communications	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Lynn Naliboff Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Santa Monica Hearing Officer	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Susan Neisloss Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Neisloss Video Productions	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 69 of 128
		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2012	Winifred Neisser Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony TV Executive	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Joanne Nelson Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/7/2012	Judith Nelson Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$600.00	\$600.00	2012P: \$1,600.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 70 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/16/2012	Linda Northrop Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northrop Schmeter Attorney	\$500.00	\$500.00	2012P: \$500.00
3/7/2012	Susan North Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan North Mediator	\$500.00	\$500.00	2012P: \$700.00
1/2/2012	Steven T. Nutter Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of LA Attorney	\$100.00	\$350.00	2012P: \$450.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Steven T. Nutter Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of LA Attorney	\$250.00	\$350.00	2012P: \$450.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2012	Eileen Ogle Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$150.00	2012P: \$500.00
2/14/2012	Eileen Ogle Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$150.00	2012P: \$500.00
3/15/2012	Eileen Ogle Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$150.00	2012P: \$500.00
3/11/2012	Doris Olikier Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Venice Financial Corp. Management	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 72 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2012	Cheri Orgel Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Assembly Field Rep.	\$200.00	\$200.00	2012P: \$450.00
2/26/2012	Tom Ortenberg Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Open Road Films Motion Pictures	\$250.00	\$250.00	2012P: \$250.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/19/2012	Torie Osborn Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$300.00	2012P: \$10,630.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Torie Osborn Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$300.00	2012P: \$10,630.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/29/2012	Torie Osborn Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$300.00	2012P: \$10,630.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 74 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2012	Torie Osborn Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$300.00	2012P: \$10,630.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/10/2012	Ellen Pais Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Education Partnership Non-Profit Management	\$100.00	\$100.00	2012P: \$100.00
3/14/2012	Dan Pallotta Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Springboard Executive	\$1,000.00	\$1,100.00	2012P: \$1,750.00
2/5/2012	Dan Pallotta Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Springboard Executive	\$50.00	\$1,100.00	2012P: \$1,750.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 75 of 128

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Dan Pallotta Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Springboard Executive	\$50.00	\$1,100.00	2012P: \$1,750.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/16/2012	Elisa J. Parrish Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Gay & Lesbian Center Social Service Manager	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	James Petrone Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Victor G. Petrone & Son Sales Rep	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
Page <u>76</u> of <u>128</u>		
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/14/2012	Ann M. Philbin Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hammer Museum LA Museum Director	\$250.00	\$250.00	2012P: \$500.00
2/12/2012	Julianne Phillips Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Julianne Phillips Actress	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2012	Margaret Phillips Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pepperdine University Professor	\$100.00	\$350.00	2012P: \$350.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 77 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2012	Margaret Phillips Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pepperdine University Professor	\$250.00	\$350.00	2012P: \$350.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Sarah K. Pillsbury Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sanford-Pillsbury Productions Film Producer	\$500.00	\$500.00	2012P: \$1,100.00
2/14/2012	Laura Plotkin Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$350.00
3/8/2012	Marjorie Plumb Berkeley, CA 94702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plumblin Coaching Non-Profit Consultant	\$1,000.00	\$1,000.00	2012P: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 78 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2012	Carol Poet W. Hollywood, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Poet Design Interior Designer	\$50.00	\$250.00	2012P: \$600.00
2/14/2012	Carol Poet W. Hollywood, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Poet Design Interior Designer	\$50.00	\$250.00	2012P: \$600.00
3/15/2012	Carol Poet W. Hollywood, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Poet Design Interior Designer	\$50.00	\$250.00	2012P: \$600.00
2/12/2012	Carol Poet W. Hollywood, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Poet Design Interior Designer	\$100.00	\$250.00	2012P: \$600.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Nancy D. Polikoff Washington, DC 20008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American University Law Professor	\$200.00	\$200.00	2012P: \$200.00
2/12/2012	Brenda R. Potter Beverly Hills, CA 90209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$500.00	\$500.00	2012P: \$500.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/14/2012	Dolores M. Press Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$250.00	2012P: \$620.00
3/8/2012	Dolores M. Press Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$250.00	2012P: \$620.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Dolores M. Press Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$50.00	\$250.00	2012P: \$620.00
3/7/2012	Susan C. Price Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Price Bookkeeper	\$100.00	\$100.00	2012P: \$100.00
3/11/2012	Letitia Quinn Marina Del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Letitia Quinn Investor	\$250.00	\$250.00	2012P: \$450.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/16/2012	Bobby W. Ralston Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Target Media Partners CPA	\$400.00	\$400.00	2012P: \$400.00
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/12/2012	Elizabeth Randall Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staples Contract Sales	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Lucianne Ranni Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Ventura Program Administrator	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Lisa C. Reale Los Angeles, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Reale Consultant	\$250.00	\$250.00	2012P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2012	Dorothy Reik Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bankers Group President	\$25.00	\$125.00	2012P: \$385.00
2/14/2012	Dorothy Reik Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bankers Group President	\$25.00	\$125.00	2012P: \$385.00
3/15/2012	Dorothy Reik Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bankers Group President	\$75.00	\$125.00	2012P: \$385.00
3/11/2012	Maura Resnick Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Non-Profit Director	\$150.00	\$150.00	2012P: \$150.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/6/2012	William Resnick West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$1,900.00	\$3,900.00	2012P: \$3,900.00 2012G: \$3,900.00
3/6/2012	William Resnick West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$2,000.00	\$3,900.00	2012P: \$3,900.00 2012G: \$3,900.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2012	Louise Rishoff Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA State Assembly District Director	\$250.00	\$250.00	2012P: \$250.00
3/11/2012	Robyn Ritter Smith Los Angeles, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robyn Ritter Smith Political Strategist	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 84 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Cristina Rose Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rose Policy Solutions Public Affairs	\$150.00	\$150.00	2012P: \$150.00
3/4/2012	Brian Rosenstein Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keiler Holdings Investor	\$1,000.00	\$1,000.00	2012P: \$2,000.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/1/2012	Susan Rose Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2012P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/4/2012	Vivian Rothstein Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAANE Non-Profit Director	\$100.00	\$100.00	2012P: \$350.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2012	Julia Salazar W. Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Center for the Arts Eagle Rock Executive Director	\$50.00	\$150.00	2012P: \$400.00
2/14/2012	Julia Salazar W. Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Center for the Arts Eagle Rock Executive Director	\$50.00	\$150.00	2012P: \$400.00
3/15/2012	Julia Salazar W. Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Center for the Arts Eagle Rock Executive Director	\$50.00	\$150.00	2012P: \$400.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/4/2012	Catherine M. Salser Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Catherine Salser Artist	\$400.00	\$400.00	2012P: \$3,900.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/1/2012	Mitra Samani West Hills, CA 91307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Homemaker	\$100.00	\$100.00	2012P: \$100.00
2/19/2012	Todd Sargent Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hitachi Consulting Consultant	\$500.00	\$500.00	2012P: \$500.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2012	Michele Sartell Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of LA Program Specialist	\$50.00	\$125.00	2012P: \$125.00
3/4/2012	Michele Sartell Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of LA Program Specialist	\$75.00	\$125.00	2012P: \$125.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/7/2012	Pete Savino Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Santa Monica Hearings Investigator	\$100.00	\$100.00	2012P: \$100.00
2/26/2012	Elizabeth Sayre Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fox Searchlight Film Executive	\$100.00	\$100.00	2012P: \$300.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Jeffrey Schaffer Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Enterprise Community Partners Affordable Housing	\$250.00	\$250.00	2012P: \$825.49
2/26/2012	Harry Schwarz Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harry Schwarz Consultant	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Lowell Selvin Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2012P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/14/2012	Marc Selwyn Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marc Selwyn Art Dealer	\$250.00	\$250.00	2012P: \$500.00
3/8/2012	Kathleen E. Sheldon Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen E. Sheldon Historian	\$100.00	\$200.00	2012P: \$857.04
3/12/2012	Kathleen E. Sheldon Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen E. Sheldon Historian	\$100.00	\$200.00	2012P: \$857.04
3/17/2012	Leight Silverton Miami Beach, FL 33141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Leight Silverton Psychologist	\$500.00	\$500.00	2012P: \$500.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Torie Osborn, Assembly 2012

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1331635

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3/17/2012	Karen Simonson Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Taylor Simonson Winter LLP Attorney	\$50.00	\$150.00	2012P: \$150.00
3/4/2012	Karen Simonson Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Taylor Simonson Winter LLP Attorney	\$100.00	\$150.00	2012P: \$150.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Karen Siteman Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen Siteman Attorney	\$200.00	\$200.00	2012P: \$450.00
3/17/2012	Stephen Smith Las Vegas, NV 89109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$3,900.00	\$3,900.00	2012P: \$3,900.00
SUBTOTAL						

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SCHEDULE A (CONT.)

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	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	David Sonneborn Orange, CA 92869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$250.00	\$250.00	2012P: \$250.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2012	Marty Spiegel Agoura Hills, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associated Marketing CEO	\$250.00	\$250.00	2012P: \$250.00
3/1/2012	Starbuzz Inc. dba Astro Burger West Hollywood, CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00
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SCHEDULE A (CONT.)

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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2012	Christine Steiner Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shappard Mullin et al Attorney	\$100.00	\$100.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2012	Patricia Sterling Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Sterling Businessperson	\$200.00	\$200.00	2012P: \$500.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Tom Stringer Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tom Stringer Real Estate	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Debra H. Suh Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Center for the Pacific Asian Family ED	\$200.00	\$200.00	2012P: \$200.00
3/17/2012	Catherine Suitor Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allaince College Chief Development Officer	\$350.00	\$350.00	2012P: \$750.00
3/12/2012	Wesley K. Tanaka Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$200.00	\$200.00	2012P: \$200.00
3/17/2012	Richard D. Teitel Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Teitel Attorney	\$100.00	\$100.00	2012P: \$100.00
3/1/2012	Jocelyn Tetel Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Skirball Cultural Center Fundraiser	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/4/2012	Chris Tilly Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Professor	\$100.00	\$100.00	2012P: \$300.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/1/2012	Sharon Tobin Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharon Tobin Psychotherapist	\$100.00	\$200.00	2012P: \$400.00
1/8/2012	Sharon Tobin Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharon Tobin Psychotherapist	\$100.00	\$200.00	2012P: \$400.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. Number
1331635

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/5/2012	Valley For Democracy Woodland Hills, CA 91364	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/17/2012	Christopher Van Scoyk Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$500.00
3/12/2012	Lori Vandermeir Ladera Ranch, CA 92694	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California NOW Communications Director	\$100.00	\$100.00	2012P: \$100.00
3/15/2012	Laura Velki Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laura Velki Manager	\$100.00	\$100.00	2012P: \$100.00
2/14/2012	K.C. Victor Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	K.C. Victor Consultant	\$100.00	\$120.00	2012P: \$170.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 96 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	K.C. Victor Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	K.C. Victor Consultant	\$20.00	\$120.00	2012P: \$170.00
3/4/2012	Laurence Von Klan Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$250.00	\$250.00	2012P: \$450.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/2/2012	Magda N. Waingrow Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Magda N. Waingrow Piano Teacher	\$100.00	\$100.00	2012P: \$100.00
3/14/2012	Amy Wakeland Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Homemaker	\$1,000.00	\$1,000.00	2012P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2012 through 03/17/2012		CALIFORNIA FORM 460 Page 97 of 128
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2012	A Lee Walkup West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mansour Travel Travel Agent	\$5.00	\$110.00	2012P: \$285.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	A Lee Walkup West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mansour Travel Travel Agent	\$100.00	\$110.00	2012P: \$285.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/12/2012	A Lee Walkup West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mansour Travel Travel Agent	\$5.00	\$110.00	2012P: \$285.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Simone Wallace Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simone Wallace Businessperson	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2012	Carol A. Wallisch Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$200.00	\$200.00	2012P: \$300.00
3/5/2012	Claudia Wallis New Rochelle, NY 10801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Columbia University Dean	\$1,500.00	\$1,500.00	2012P: \$1,950.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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3/17/2012	Sara Wan Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLUC Consultant	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Glenn Wasserman Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kane Ballmer & Berkman Attorney	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/7/2012	Roy A. Watlington St. Thomas, VI 00803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$1,000.00	\$1,000.00	2012P: \$1,000.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

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1/29/2012	Chris Weber Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deloitte Consultant	\$75.00	\$125.00	2012P: \$645.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Chris Weber Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deloitte Consultant	\$50.00	\$125.00	2012P: \$645.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2012	Illece H. Buckley Weber Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Munzick Buckley Weber Attorney	\$50.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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NAME OF FILER

Torie Osborn, Assembly 2012

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3/16/2012	Illece H. Buckley Weber Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Munzick Buckley Weber Attorney	\$50.00	\$100.00	2012P: \$100.00
2/16/2012	Shana Weiss Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shana Weiss Activist	\$250.00	\$250.00	2012P: \$1,370.00
3/16/2012	Westcott Carol Interior Design Malibu, CA 90265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2012P: \$100.00
2/5/2012	Thomas West Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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SCHEDULE A (CONT.)

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3/17/2012	Heather Wetzel Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DevicentArt.com Internet Advertising Sales	\$100.00	\$200.00	2012P: \$200.00
3/11/2012	Heather Wetzel Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DevicentArt.com Internet Advertising Sales	\$100.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/4/2012	Timothy Whalen Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Paul Getty Trust Foundation Manager	\$150.00	\$150.00	2012P: \$150.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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2/2/2012	Steven White Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Unemployed	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Glenn Williamson Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Back Lot Pictures Film Producer	\$250.00	\$250.00	2012P: \$250.00
3/17/2012	Teresa A. Williams Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teresa A. Williams Attorney	\$150.00	\$150.00	2012P: \$150.00
1/15/2012	Kenneth Willner Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Willner & Ornedo LLP Accountant	\$200.00	\$200.00	2012P: \$200.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
		Page <u>104</u> of <u>128</u>
NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Harry Winer Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Smash Media Films Producer/Director	\$100.00	\$100.00	2012P: \$200.00
3/11/2012	Hope Wintner Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hope Wintner Community Activist	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2012	Katie Wohn Agoura, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Attorney	\$100.00	\$100.00	2012P: \$100.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/7/2012	Michael J. Wright Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
3/17/2012	Richard L. Wulfsberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$500.00	\$500.00	2012P: \$1,000.00
	INTERMEDIARY Actblue Cambridge, MA 02138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/17/2012	Robert C. Young Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2012P: \$100.00
3/8/2012	Mary Ann Yurkonis Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$200.00	2012P: \$200.00
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/2012	Mary Ann Yurkonis Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$200.00	2012P: \$200.00
3/8/2012	Zane Dennis Urban Dimensions Santa Monica, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2012P: \$150.00
1/16/2012	Alan Zebker Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alan Zebker Businessperson	\$100.00	\$300.00	2012P: \$1,000.00
2/14/2012	Alan Zebker Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alan Zebker Businessperson	\$100.00	\$300.00	2012P: \$1,000.00
3/15/2012	Alan Zebker Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alan Zebker Businessperson	\$100.00	\$300.00	2012P: \$1,000.00
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2012</u>		CALIFORNIA FORM 460
through <u>03/17/2012</u>		
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		I.D. Number 1331635

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2012	Anne E. Zimmerman Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AC Architecture Studio Architect	\$100.00	\$150.00	2012P: \$150.00
3/17/2012	Anne E. Zimmerman Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AC Architecture Studio Architect	\$50.00	\$150.00	2012P: \$150.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$98,230.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2012
through 03/17/2012

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

I.D. NUMBER
1331635

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Torie Osborn Santa Monica, CA 90405 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$10,000.00 9/17/2011 DATE DUE	 RATE % 	\$10,000.00 9/16/2010 DATE INCURRED	CALENDAR YEAR \$300.00 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
SUBTOTALS		\$10,000.00						

Schedule B Summary

1. Loans received this period. \$0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **Net** \$0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>	CALIFORNIA FORM 460
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I.D. Number 1331635	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2012 through 03/17/2012	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/3/2012	Jerry Manpearl Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jerry Manpearl	F/R Event	\$650.00	\$950.00	2012P: \$1,301.00
2/27/2012	Cynthia A. Miscikowski Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Cynthia A. Miscikowski	3/11 F/R Event	\$2,750.00	\$2,750.00	2012P: \$3,750.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$3,400.00

Schedule C Summary

- | | |
|--|-------------------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... | \$3,400.00 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$0.00 |
| 3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$3,400.00 |

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	01/01/2012	CALIFORNIA FORM 460	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2012 through 03/17/2012		CALIFORNIA FORM 460 Page 112 of 128
I.D. NUMBER 1331635		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Madeleine P. Moore Santa Monica, CA 90405	CNS			\$3,454.44
Robert A. St. Genis Los Angeles, CA 90012	CNS			\$100.00
Padilla & Associates Los Angeles, CA 90048	PRO		Accounting Fee & Exp	\$1,219.79

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$117,106.36
2. Unitemized payments made this period of under \$100.	\$43.36
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$117,149.72

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Statecraft Inc. La Jolla, CA 92037			Licensing Fee	\$100.00
Shallman Communications Encino, CA 91436	CNS			\$10,000.00
Woodland Hills Printing Woodland Hills, CA 91364	LIT			\$1,455.23
TAI Events Inc. Sherman Oaks, CA 91423	CNS			\$3,000.00
TAI Events Inc. Sherman Oaks, CA 91423	FND			\$558.20

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2012		
through 03/17/2012		Page 114 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$24.31
Gene Oppenheim Santa Monica, CA 90403	RFD			\$1,000.00
Pam Neifert Branson West, MO 65737	PRO			\$4,637.50
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$8.90
City of West Hollywood West Hollywood, CA 90069			Deposit for 3/10/12 Event	\$350.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through 03/17/2012		Page 115 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of West Hollywood West Hollywood, CA 90069		Room Rental for 3/10/12 Event	\$452.00
Democratic Voters Choice Covina, CA 91722	LIT		\$7,356.00
Committee ID: 595002 Fairbanks Maslin Maullin Metz & Associates Inc. Santa Monica, CA 90404	POL		\$15,000.00
Madeleine P. Moore Santa Monica, CA 90405	CNS		\$3,000.00
Shallman Communications Encino, CA 91436	CNS		\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through 03/17/2012		Page 116 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Padilla & Associates Los Angeles, CA 90048	PRO		Accounting fee & Exp	\$1,516.89
Statecraft Inc. La Jolla, CA 92037			Licensing Fee	\$100.00
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$89.68
Fairbanks Maslin Maullin Metz & Associates Inc. Santa Monica, CA 90404	POL			\$16,000.00
TAI Events Inc. Sherman Oaks, CA 91423	CNS			\$3,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2012		
through 03/17/2012		Page 117 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$7.51
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$8.56
Madeleine P. Moore Santa Monica, CA 90405	LIT			\$179.44
Burnside & Associates Los Angeles, CA 90019	CNS			\$6,000.00
TAI Events Inc. Sherman Oaks, CA 91423	CNS			\$2,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through 03/17/2012		Page 118 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robert A. St. Genis Los Angeles, CA 90012	CNS			\$1,901.00
TAI Events Inc. Sherman Oaks, CA 91423	FND			\$263.80
Steve Ferguson Toluca Lake, CA 91602	CNS			\$3,000.00
Madeleine P. Moore Santa Monica, CA 90405	CNS			\$3,000.00
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$13.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2012		
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$118.91
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$83.17
Padilla & Associates Los Angeles, CA 90048	PRO		Accounting Fee & Exp	\$1,815.15
Statecraft Inc. La Jolla, CA 92037			Licensing Fee	\$100.00
Madeleine P. Moore Santa Monica, CA 90405	LIT			\$978.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through 03/17/2012		Page 120 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ingram Design Studio Studio City, CA 91604	LIT			\$400.00
GNW-Evergreen Insurance Services LLC Encino, CA 91436			Insurance for 4/5/12 Event	\$275.63
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$89.90
Eduard Sirota West Hollywood, CA 90069			Security Deposit	\$1,800.00
Eduard Sirota West Hollywood, CA 90069			Prorated Rent & Parking Spaces	\$1,050.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through 03/17/2012		Page 121 of 128
NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Z Valet Inc. Los Angeles, CA 90010	FND			\$1,795.00
Westside Services LLC Los Angeles, CA 90049	FND			\$300.00
TAI Events Inc. Sherman Oaks, CA 91423	CNS			\$3,000.00
Actblue Cambridge, MA 02138			Cr.Card Processing Fee	\$204.68
Bankcard Center West Valley City, UT 84119			See Schedule G for payees reaching disclosure threshold.	\$1,205.65

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Torie Osborn, Assembly 2012		I.D. NUMBER 1331635

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bankcard Center West Valley City, UT 84119		See Schedule G for payees reaching disclosure threshold.	\$2,000.00
Actblue Cambridge, MA 02138		Cr.Card Processing Fee	\$284.24
Actblue Cambridge, MA 02138		Cr.Card Processing Fee	\$490.62
CA Bank & Trust Los Angeles, CA 90071		Cr. Card Processing Fee	\$465.64
CA Bank & Trust Los Angeles, CA 90071		Cr. Card Processing Fee	\$7.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Bank & Trust Los Angeles, CA 90071			Cr.Card Processing Fee	\$278.86
Secretary of State Sacramento, CA 95814	FIL			\$952.91
CA Bank & Trust Los Angeles, CA 90071			Cr.Card Processing Fee	\$4.29
CA Bank & Trust Los Angeles, CA 90071			Cr.Card Processing Fee	\$11.67
CA Bank & Trust Los Angeles, CA 90071			Cr.Card Processing Fee	\$96.84

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$117,106.36

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2012
through 03/17/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

I.D. NUMBER
1331635

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Madeleine P. Moore Santa Monica, CA 90405	See Schedule E for codes or descriptions.	\$3,454.44	\$0.00	\$3,454.44	\$0.00
Pam Neifert Branson West, MO 65737	See Schedule E for codes or descriptions.	\$4,637.50	\$0.00	\$4,637.50	\$0.00
TAI Events Inc. Sherman Oaks, CA 91423	See Schedule E for codes or descriptions.	\$2,500.00	\$0.00	\$2,500.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$10,591.94 \$0.00 \$10,591.94 \$0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$10,591.94
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$10,591.94)
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
through	03/17/2012	Page 125 of 128

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

I.D. NUMBER
1331635

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Bankcard Center

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rchange WriteWorks/WeHoNews West Hollywood, CA 90046	CVC			\$250.00
Washington Promotions & Printing Inc. Washington, DC 20008	LIT			\$955.65
Washington Promotions & Printing Inc. Washington, DC 20008	LIT			\$158.33

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1363.98

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2012	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

I.D. NUMBER
1331635

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Madeleine P. Moore

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Woodland Hills Printing Woodland Hills, CA 91364	LIT			\$179.44
Woodland Hills Printing Woodland Hills, CA 91364	LIT			\$978.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1158.19

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2012 through 03/17/2012	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Torie Osborn, Assembly 2012

I.D. NUMBER
1331635

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 01/01/2012

through 03/17/2012

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torie Osborn, Assembly 2012

I.D. NUMBER

1331635

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/19/2012	TAI Events Inc. Sherman Oaks, CA 91423	Refund of Overpayment	\$311.41

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$311.41

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$311.41
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$311.41

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC